

International Services and Communications Branch, FIC

Notification of Termination of Visiting Program Participation

Case Number (for FIC/ISCB use only)

This form must be initiated and signed by the participant's sponsor
and *must be received* by FIC/ISCB 60 days prior to termination.

Date

Participant's Name (Family name, first, middle)		ICD	Lab/Branch (spell out name)	Building/Room	Phone
Date of Birth	Place of Birth (City, Country)		Category <input type="checkbox"/> VF <input type="checkbox"/> VA <input type="checkbox"/> VS	CAN	
Last Day in Pay Status		Original end date of award/ appointment	There is no provisions for terminal leave for Visiting Program participants. <i>The last day at NIH is the last day in pay status.</i> Any overpayment of stipend/salary due to early termination must be refunded to NIH.		
Port of Departure from U.S.		Airline/Flight No. (if available)		Date of Departure from U.S. (nonimmigrants only)	
Name and Address of New Employer (and phone number, if known)					

Forwarding Address (and phone number if known)

Sponsor's Name	ICD, Lab/Branch	Building/Room	Phone
Sponsor's Signature and Date		For Visiting Fellows (FAES and DFM use only) FAES Clearances (Bldg. 10, Room B1C18)	
Administrative Officer's Name		DFM/FAAB Clearance (Bldg. 31, Room B1B04)	
Administrative Officer's Signature and Date			

FIC/ISCB Use only